

# Children's Center

## Saw Mill Club Pre-School

### Morning Session Registration Form - September 2011-June 2012

Our five day a week pre-school is in session from 9:00AM to 12:00PM. Three and two day schedules are possible. See brochure for curriculum information. Medical history must be on file by August 1<sup>st</sup>.

**Days:** Monday-Friday

**Dates:** September 12, 2011-June 6, 2012

**Time:** 9:00AM-12:00NOON

PRESCHOOL FEES - 10 Installments				
Days per week	Tot Time	Seekers	Adventurers	Explorers
5	\$485	\$500	\$550	\$600
3	\$295	\$300	\$330	\$380
2	\$200	\$225	\$235	\$260

The first and last installments of tuition are due upon registration. The remaining eight installments will be billed on your club account.

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Member # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_

Please check the appropriate age group and program:

AGE: \_\_\_\_\_ PROGRAM:  Tot Time  Seekers  Adventurers  Explorers  
 5 Days  M-W-F  Tues-Thurs.

#### Parent or Guardian consent:

I hereby give consent for my child to participate in the Preschool program at Saw Mill Club. I certify that I know of no physical problems or conditions which would impair my child from participating in the program. If necessary, I authorize the persons in charge to secure first aid and/or the services of any legally qualified physician or hospital, and agree to assume all financial obligations connected therewith.

I realize that no refund of fees will be made for withdrawal or absences. I understand that the school reserves the right to request withdrawal of my child at any time for reasons consistent with the best interest of the program.

Saw Mill Pre School admits students of any race, color and national or ethnic origin. Applications are presently being accepted

Signed \_\_\_\_\_ Date \_\_\_\_\_

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